Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

04279.2724

CLAIMS AS FILED - PART i (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			()				•	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TO.	TAL CHARGEAI	BLE CLAIMS	() minus 20=		* Ø			X\$ 9=		OR	X\$18=	·
IND	EPENDENT CL	AIMS	6 mir	nus 3 =	* 3			X42=		OR	X84=	252
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				,	+140=		OR	+280=	
$\mbox{*}$ If the difference in column 1 is less than zero, enter "0" in						olumn 2	I	TOTAL		OR	TOTAL	1632
CLAIMS AS AMENDED - PART II								04411.5	- N 17-17-37	00	OTHER	
	e sage constant against a sub-comm	(Column 1) CLAIMS	k selection of two collections of the collections of the collection of the collectio	(Colu		(Column 3)	1 1	SMALL		OR I I	SMALLI	
AMENDMENT A		REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	·		<u>ا</u> ا	+140=		OR	+280=	
		•						TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE I			ADDII. I LL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	ron	=	1	X\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***		=]	X42=		OR	X84=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			Un		
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	<u></u>	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=	┨╏	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
*	f the entry in colu	mn 1 is less than t	he entry in colu	mn 2, writ	te "0" in co	lumn 3.	ı	TOTAL		OR	TOTAL	
**	If the "Highest Nu	mber Previously P mber Previously F	aid For" IN THI	S SPACE	is less tha	in 20, enter "20)."	ADDIT. FEE		OR	ADDIT. FEE	
		nber Previously Pa					er fou	ınd in the app	propriate box	k in co	olumn 1.	